



**MANUFACTURING OR PROCESSING EQUIPMENT  
ANNUAL EMISSION INVENTORY REPORT**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
SFN 8537 (12-05) (AP-302)

**GENERAL**

Name of Firm or Organization		Year of Emissions	
Mailing Address	City	State	Zip Code
Facility Location	Permit to Operate Number	Hours Operated/Year	
Source Unit Description		Source Unit Number	

**RAW MATERIAL INFORMATION**

Raw Materials Introduced into Process	Quantity Per Year (Specify Units)

**FUELS USED**

	Primary Fuel	Auxiliary Fuel
Type (ex. lignite, natural gas, LPG No. 2 fuel oil, No. 6 fuel oil. etc.)		
Quantity of Fuel per Year (Specify Units: ex. ton, gal, cu.ft., etc.)		
Percent Sulfur Maximum Minimum Average		
BTU per Unit (Specify lb, ton, gal, etc.) Maximum Minimum Average		

**STACK EMISSIONS**

Air Contaminant *	Emission Factor (Include Units)	Emission Factor Source (Include Test Date if Applicable)	Tons Per Year
Particulate - Total			
PM10 (Particulate < 10 microns)			
Sulfur Dioxide			
Nitrogen Oxides			
Carbon Monoxide			
Total Organic Compounds: Nonmethane			

\* Submit SFN 19839 for Hazardous Air Pollutants if applicable.

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is a true, correct and complete report.

Print Name of Person Submitting Report	Title	
Signature	Telephone Number	Date

Return completed form to:  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
918 E Divide, 2nd Floor  
Bismarck, ND 58501-1947  
Telephone: (701)328-5188

Basis for quantities listed above; provide calculations (use additional sheets as necessary):